

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000065004

Entity Name: M CARE MEDICAL CENTER INC.

Current Principal Place of Business:

850 SOUTH 21ST STREET.
SUITE B
FORT PIERCE, FL 34950

Current Mailing Address:

850 SOUTH 21ST STREET.
SUITE B
FORT PIERCE, FL 34950 US

FEI Number: 46-3187447

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EMILCARE, MANETTE
850 SOUTH 21ST STREET.
SUITE B
FORT PIERCE, FL 34950 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name EMILCARE, MANETTE
Address 850 S 21ST., STE B
City-State-Zip: FORT PIERCE FL 34950

Title VPD
Name JEAN BAPTISTE, ODIEL MD
Address 12674 LITTLE PALM LANE
City-State-Zip: BOCA RATON FL 33428

Title C
Name ALLIANCE , LOUIDOR MD
Address 424 GAZETTA WAY
City-State-Zip: WEST PALM BEACH FL 33413

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MANETTE EMILCARE

PRESIDENT

04/23/2015

Electronic Signature of Signing Officer/Director Detail

Date